

ELIGIBILITY



MEDICAID

- An entitlement program to pay healthcare costs for certain persons with low income and resources
- Funded by a combination of state and federal dollars
- Programs vary from state to state (so no transferring)
- Persons must meet specific criteria to receive coverage

GROUPS RECEIVING MEDICAID INCLUDE:

- Children under the age of 19
- Pregnant Women
- Low income families
- Seniors age 65 and over
- Persons determined blind or disabled by Social Security (SSDS and/or SSI) or trying to get there (PMDT)

GENERAL REQUIREMENTS

- An application must be received
- The applicant must be able to act in their own behalf – at least 18 years old – Guardian and/or Conservator has to apply
- To qualify for medical coverage, persons must be a US citizen or eligible non-citizen.

GENERAL REQUIREMENTS

- The applicant must be a resident of Kansas
- The applicant must provide all needed information and cooperate with the application process
- All persons residing in the household must be included on the application
- New ACA-MAGI budgeting for Family Medical programs

FINANCIAL REQUIREMENTS

- To qualify, a household's income and/or assets must be below the specified limit for each eligibility group. The income guidelines vary from program to program

INCOME

- The countable income of the household is considered
- Earned income, such as wages from a job or self-employment, is used to determine eligibility
- Unearned income is also considered. Some examples of unearned income include unemployment, and social security disability payments

INCOME

- Some income is exempt and not used to determine eligibility. The types of income that are exempt depend on what kind of medical program is being considered.
- Examples:
 - Certain VA payments (aid & attendance payments and unusual medical expenses)
 - Lump sum payments
 - Child Support income – Family Medical only (MAGI)

SPENDDOWN CASES

Though most Medicaid programs require a household's gross income to fall below the specified guidelines, there is a program to assist those with income over the limit. This applies to pregnant women, children, people over the age of 65 and persons with disabilities. This program is referred to as a Spenddown.

FINANCIAL REQUIREMENTS (continued)

- A resource can be defined as something of value that the household has access to
- Resources are only applicable to the Elderly & Disabled programs
- No Resource Test for children, except for trust funds

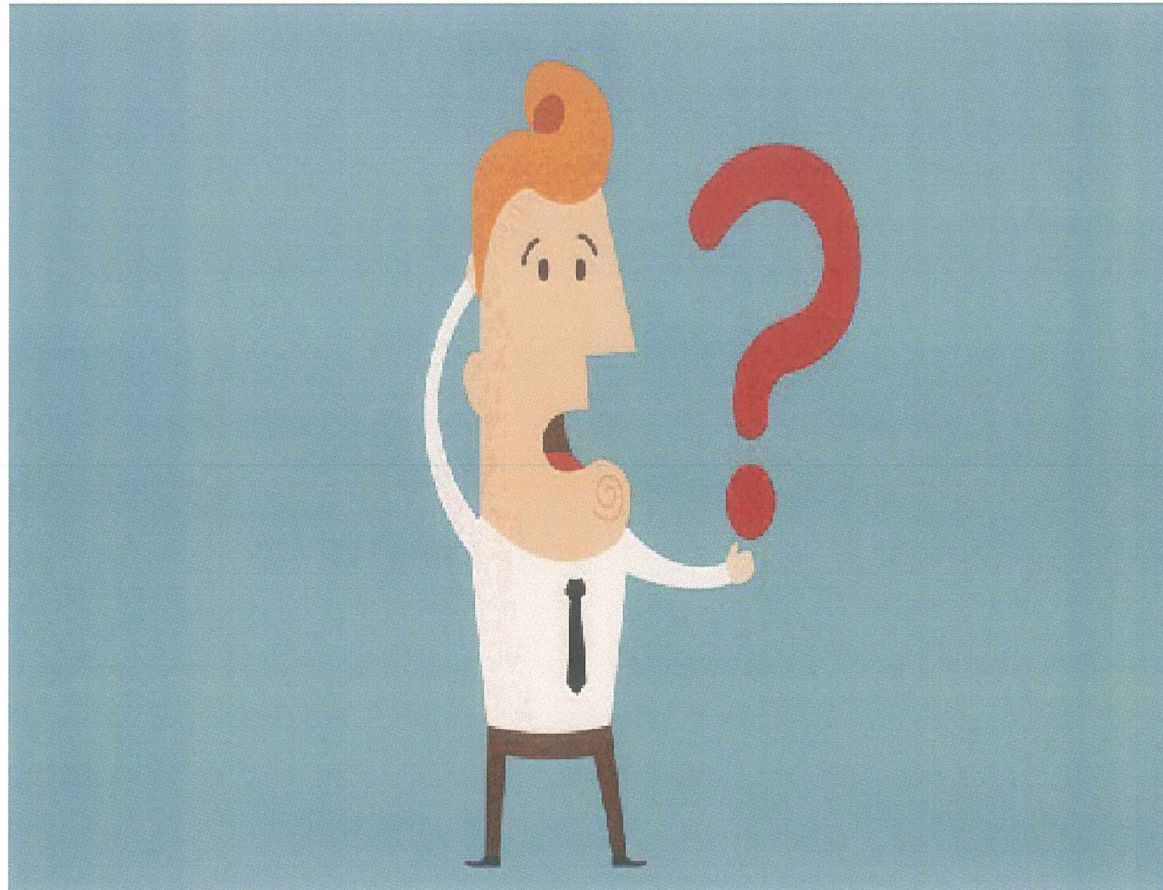
OTHER DETAILS

- Annually be reviewed and report changes that occur in a timely manner.
- The annual reviews have changed as of July 2015
- Utilize other private insurance to pay medical claims before Medicaid
- On line application to apply is at KanCare.ks.gov
- 45 day window for approval

- All applications for KS Medicaid are to be submitted to the KanCare Clearinghouse. This now includes HCBS and Nursing Home applications.
- All active medical cases are maintained at the KanCare Clearinghouse
- Foster Care and Adoption medical cases are the only medical programs that DCF is involved with.
- The medical applications are separate from Food Assistance and Cash Assistance

- Approval letter is followed by an enrollment packet, enrollment packet tells the consumer which MCO they are assigned to and how to change the MCO
- Next a Welcome packet from the MCO. Then another letter from the MCO which will have the actual “medical card” in it. A PCP will be printed on the medical card from the MCO.
- Replacement medical cards are issued by the MCO
- Open enrollment to change MCO once a year

What questions do you have so far?



Revised 05.01.2016

CARETAKER MEDICAL

- Caretaker Medical:
 - A program for caretakers of children under the age of 19
 - An eligible caretaker can be parents, relatives such as grandparents, or other persons who assume the primary responsibility for and control of at least one child
 - Used to be connected to the TAF program
 - Non-pregnant adults must cooperate with Child Support Services

THE INCOME GUIDELINES FOR THE PROGRAM ARE VERY LOW

- To qualify for Caretaker Medical, a household's income must be lower than the specific income standards which is generalized at about 38% of the Federal Poverty Level or FFPL
- The monthly gross income allowed for a household of four is \$770.00.

CONTINUOUS ELIGIBILITY

Adult caretakers and their children are eligible throughout the entire 12 months regardless of changes that may occur in the household's income, for MAGI cases only.

TRANSITIONAL MEDICAL

- Transitional Medical:
 - A program for households that have been receiving Caretaker Medical coverage, but are now ineligible for the program due to an increase in wages or earnings
 - Households do not apply for this program but are determined eligible for it when their income increases
 - Continuously eligible for another year

KANCARE 19

- A medical program for children from birth to the age of 19
- This is Title 19 Medicaid that has been around since 1965
- Continuous eligibility for a full year

KANCARE 21

- Medical Program for children under age 19
- Serves families whose gross household income is above the guidelines of the Medicaid program
- To qualify, a household's income must fall below a certain percentage of the poverty level
- Also known as CHIP, SCHIP, Title 21
- Continuous eligibility for a full year

DIFFERENCES BETWEEN KANCARE PROGRAMS

- Perhaps the biggest difference between KanCare 19 and KanCare 21 programs is the income guidelines
- Both are under the KanCare umbrella
- AND, Title 21 has additional eligibility requirements that must be met.
- Children who are already covered by comprehensive health insurance

PREMIUMS

- Some KanCare 21 households have premiums
- Premiums range from zero, to \$20, or \$30, or \$50/month

Proration Differences

- Unlike Medicaid, KanCare 21 coverage begins the day the case has been processed
- Most of the time, the KanCare 21 program doesn't have the ability to backdate benefits to cover a previous month's bill

PREGNANT WOMAN

- Pregnant women can receive full medical benefits through their second post partum month
- Continuous eligibility throughout pregnancy
- To qualify, the income must fall within a 171% of the Federal Poverty Level
- A household of 3 income level would be \$2873
- Babies born to a Medicaid mom are eligible for Medicaid coverage up to the age of one, automatically.

MEDICAID PROGRAMS FOR THE ELDERLY AND DISABLED

- MediKan
- Spenddowns
- Nursing Home
- HCBS
- SSI
- Medicare Saving Programs

MEDIKAN

- PMDT or Presumptive Medical Disability, the state does our own disability determination. A person could be granted KanCare, MediKan or denied.
- MediKan is for adults without minor children and has a income limit of \$250 for a single person and \$325 for a married couple ~ resource limit of \$2000
- MediKan coverage is 100% state funded and has a limited benefits of 12 months.
- MediKan consumers are not assigned to a KanCare health plan.

MEDICALLY NEEDED PROGRAM

- Resources below \$2,000 for a single adult or \$3000 for a couple.
- Income over \$495 will have a spenddown These cases are assigned to a KanCare MCO even if they have not met the spenddown.
- People who get a SSI check are not subject to a spenddown.

NURSING FACILITY MEDICAL PROGRAMS

- Resources below \$2,000 except for Spousal Impoverishment Provisions
- Income - \$62 protected income limit = amount consumer owes the nursing facility each month
- Transfer of Property test – gifting, selling or transferring property for less than fair market value can result in a period of ineligibility for nursing home coverage
- We look back for transfers within the last 5 years
- Amount of penalty divided by about \$5000 = months of no eligibility

SPOUSAL IMPOVERISHMENT

- Applies to **married couples**
- **Special resource and income rules** for an individual with a community spouse who is applying for KanCare health insurance coverage and long term care services.
- Allows a community spouse to retain resources above the \$2,000 limit.
- In some cases, long term care spouse can allocate income to the community spouse.

HOME AND COMMUNITY BASED SERVICES

- Sometimes called HCBS or waivers
- Resources below \$2,000 (except for Spousal Impoverishment Provisions)
- Income - \$747 protected income limit = amount consumer owes for in home services each month. Anything over \$747 becomes a CLIENT OBLIGATION
- Individual can be in their own home or assisted living
- Services are designed to provide individuals with the least intensive level of care, who may otherwise be placed in a nursing home or hospital

- Autism Waiver
 - Developmental Disability Waiver
 - Physical Disability Waiver
 - Technology Assisted Waiver
 - Traumatic Brain Injury Waiver
 - Frail Elderly Waiver
 - SED
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- For HCBS waiver you have to be both functionally eligible and financially eligible.

PACE – All-Inclusive Care for the Elderly Medical Program

- Resources below \$2,000 except for Spousal Impoverishment Provisions
- Based on income budgeting methodologies for HCBS and Nursing Home.
- 55 years of age or older & meeting the need for the nursing home level of care
- Live in the service area of a PACE organization: Current PACE areas in these counties: Douglas, Jackson, Jefferson, Lyon, Marshall, Nemaha, Osage, Sedgwick, Shawnee, Pottawatomie and Wabaunsee
- Not enrolled into a KanCare health plan, PACE issues their own medical card.

Medicare Savings Programs!

- QMB (Qualified Medicare Beneficiary)
- LMB (Limited Medicare Beneficiary)
- ELMB (Expanded Limited Medicare Beneficiary)
- Medicare Part D Subsidy (or “Extra Help”)

QMB

- Pays Part B premium (\$104.90 a month)
- Pays Part A & B co-pays & deductibles
- Consumer automatically eligible for Part D Subsidy
- Income less than \$990 (may change annually in May) for a couple \$1335
- Resources less than \$7,280 single/ \$10,930 couple
- Can apply for QMB only or QMB + KanCare

LMB

- Pays Medicare Part B premium (\$104.90 a month)

Consumer automatically eligible for Part D Subsidy

- Income less than \$1188 (may change annually in May) for a couple \$1602
- Resources less than \$7,280 single/ \$10,930 couple

Can apply for LMB only or LMB + KanCare

Expanded LMB

- Pays Medicare Part B premium (\$104.90 a month)

Consumer automatically eligible for Part D Subsidy

- Income less than \$1337 (Couple = \$1803)
- Resources less than \$7,280 single/ \$10,930 couple
- Can NOT apply for KanCare & ELMB

Estate Recovery Program

- Recovers medical care costs from the estates and property of certain deceased Medicaid recipients. The money collected by Estate Recovery helps to fund Medicaid costs for future Consumers
- Age 55 and above
- In a long term care arrangement regardless of age

Exceptions to Recovery

- Individuals with surviving children under age 21
- Individuals with surviving disabled children as defined by Social Security
- Individuals with a surviving spouse, recovery is delayed until the death of surviving spouse
- Medicare Savings Plan only recipients (QMB, LMB)
- Family Medical programs

SOBRA

- SOBRA: This plan is for persons who do not meet citizenship rules. It covers life-threatening emergency care costs and baby deliveries only. The program may also cover families with children, elders, and persons with disabilities. Persons must meet income and asset rules to qualify.
- Think of it as an add on to the other KanCare programs

Questions?



Revised 05.01.2016